Table of Contents #F02273287

INVESTIGATOR'S LOG

SUPERVISOR'S REPORT ON USE OF FORCE

INVESTIGATIVE SUMMARY

TRANSCRIBED INTERVIEWS

- IAB #1 interview of Deputy Ryan Morejon
- IAB #2 interview of Deputy Ryan Morejon
- IAB#1 interview of Deputy Michael Rathbun
- IAB#2 interview of Deputy Michael Rathbun
- IAB interview of Sergeant John Sagardia
- IRC's Sergeant Kurtis Ebbinga's interview of Witness Inmate
- IRC Watch Commander interview of Suspect Stanley Bell
- IAB interview #1 of Suspect/Inmate Stanley Bell
- IAB interview #2 of Suspect/Inmate Stanley Bell

EXHIBITS

- Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Ryan Morejon.
- B Sketch of scene as depicted by Deputy Ryan Morejon.
- C Copy of Deputy Ryan Morejon's Training Records.
- D Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Michael Rathbun.
- E Sketch of scene as depicted by Deputy Michael Rathbun.
- F Copy of Deputy Michael Rathbun's Training Records.
- G Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Sergeant John Sagardia.
- H Sketch of scene as depicted by Sergeant John Sagardia.
- Copy of Inmate Information for Suspect/Inmate Stanley Bell.
- J Copy of CCHRS/CII for Suspect/Inmate Stanley Bell.
- K Copy of Inmate Injury report for Suspect/Inmate Stanley Bell.
- L DVD containing interview of Suspect/Inmate Stanley Bell.
- M DVD containing interview of potential witnesses.

MISCELLANEOUS DOCUMENTS

- PM Shift In-service dated 08/31/10
- Signed Admonition Forms for: Deputies Morejon and Rathbun, and Sergeant Sagardia.

Los Angelos County Sheriff's Department Supervisor's Report on Use of Force

Page 1 of 4

Copy: Unit Commander

SH-R-438P (Rev. 07/08)

incident information URN: 5 1 2 - 0 2 0 1 0 - 0 8 Time: Date: 8/31/11 2110 hours 450 Bauchet Street City or Station: Los Angeles Location: YES NO 🛛 Correctional Services Division / IRC Admin. Investigation: Bureau/Station/Facility: Significant (Take-down, personal weapons, and O.C. Spray) - Fractured Jaw Type of Force: Deputy Injury : YES X NO ... YES X NO Suspect Injury Detail Call Observation Foot Pursuit ☐ Vehicle Pursuit IAB Notified: YES X NO Person Notified: Lt. Stefanie Fredericks Emp: IAB Roll Out: YES X NO Involved Employee First Name Middle Name Employee # Last Name Morejon Ryan M. Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): X Male IRC Female Н Booking Front Shift: Height: Weight: Age: OT Shift Off Duty Regular Shift ⊠рм 1 EM Day 5' 10" 230 Directed Force Coroner Case # Injured ☐ Treated Admitted Significant Force Hospital: Middle Name Employee # Last Name First Name Rathbun Michael Sex: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Race: Male. Female W IRC **Booking Front** Shift: Height: Weight: Regular Shift OT Shift Off Duty X PM 5' 10" 170 EM Day Coroner Case # Directed Force Admitted Hospital: injured Treated Significant Force First Name Middle Name Employee # Last Name Sex. Race: Unit of Assignment. Work Assignment (Unit #, Module, etc.): Male Female Shift: Height Weight: Off Duty Regular Shift OT Shift Day PM EM Directed Force Coroner Case # Injured Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident First Name Present Emp.# Last Name Middle Name YES NO YES NO Sgt. Sagardia John Present Witness to Incident First Name Middle Name Rank Emp_# Last Name Kurtis YES NO 🛛 Sgt. YES NO X Ebbinga Watch Sergeant Middle Name **Last Name** First Name Emp.# Watch Commander Middle Name Last Name First Name Emp. Libertone Patrick Patrick L. Libertone Watch Commander's Signature: Watch Commander (Print Name) Emp#: Date Dinah L. Grote Supervisor Completing Form: (Print Name) Copy Provided to Employee by: Emp #: Emp#: Chuck Antuna Date Unit Commander (Print Name) Unit Commander's Signature: Emp #: DISCOVERY Use Only Original: Discovery Unit 2273287

Sur visor's Report on Use of Fo e EMPLOYEE / NON-EMPLOYEE INFORMATION

512-02010-0831-106

Page 2 of 4

		En	nployee Witnesses							
Emp. #	Last Name Saga	First Name John			Middle Name R.					
Emp. #	Last Name	First Name			Middle Name					
Emp. #	Last Name	First Name	First Name			Middle Name				
Emp. #	Last Name		First Name	First Name			Middle Name			
Emp. #	Last Name		First Name			Middle Name				
Emp. #	Last Name	First Name			Middle Name					
		Mon	-Employee Witnesses							
Last Name		First Name	- Improyec williases	Middle	Name		Age	D.O.B.		
							40			
Street Address			City		Zip Code	Work Ph		Home Ph.		
Former In	mate - Booking #									
Last Name		First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph	l _i	Home Ph.		
Lasi Name		First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph		Home Ph.		
Last Name		First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph	•	Home Ph.		
Last Name		First Name		Middle	Name		Age	D,O.B.		
Street Address		City		Zip Code Wo		Work Ph		Home Ph.		
Last Name		First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph		Home Ph.		
Last Name	***	First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph		Home Ph.		
Last Name		First Name		Middle	Name		Age	D.O.B.		
Street Address			City		Zip Code	Work Ph.		Home Ph.		
Last Name First Name		First Name		Middle Name			Age	D.O.B.		
Street Address			City		Zip Code	Work Ph.		Home Ph.		

SH-R-438P (Rev. 07/08)

Additional Witness

Sy prvisor's Report on Use of Foce SUSPECT INFORMATION

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6

Page 3 of 4

			St	uspect Inform	nation							
<u>3_1</u>	Last Name	Bell		First Name	Stan	iley	Middle Name					
	AKA Last Name	Bishop		First Name	Chris	tian	Middle Name	Blair				
	Sex: Male Female Race: Street Address:					City:						
		Home Phone:		Age-	Height	D.O.B.	Mainht:					
	Work Profile.	none Phone.		Age: 26	Height: 5' 11"	07/06/84	Weight: 210	Armed?				
	Booking #: 2458901	Primary Charge			Secondary Cha	erge Code:	(Criminal History				
	EMT in attendance? YES	NO Name			Unit: _		Phone #:					
	Hospital Admission?	Rec'd Treatment /	Nt: LAC-	USC Medical Center Coroner Case #:			Mental History					
	:By Doctor: Dr. S	Sporty	Address:	1200 North	1200 North State Street, Los Angeles			Phone #: (213) 226-6118				
	Under Influence: YES	100	Substance:					dental Illness				
							10	ADMITS HEARING				
	Date: 08/31/10 Time	: 2306 D	Audiotape:	Video Suspect Info		Photos of Injurie		OUNCEMENTS				
S	Last Name			First Name	, mation	* *	Middle Name					
	AKA Last Name			First Name			Middle Name					
			Street Address:			City:	& Zip Cade:					
	Sex: Male Femal				(a)	1000						
	Work Phone:	Home Phone:		Age:	Height:	D.O.B.	Weight:	Armed?				
	Booking #:	Code:		Secondary Cha	arge Code:	Criminal History						
	EMT in attendance? YE		Unit:_		Phone #:							
	Hospital Admission?			Coroner Case #:	Mental History							
	By Doctor:		Address:				Phone #: Mental Illness:					
	Under Influence: YES		Substance:									
				Suspec Interview. Videotape: Photos of Injur			- ADMITCUEADING					
	Date: Time	:	Audiotape:	uspect Infor		Photos of Injurie		OUNCEMENTS				
S	Last Name			First Name	nauon	- And - 2	Middle Name					
_	AKA Last Name	- 1 - 1 - 1 - 1		First Name			Middle Name					
			reet Address:			City:	State	& Zip Code:				
	Sex: Male Fema				Terres							
	Work Phone:	Home Phone:		Age:	Height	D.O.B.	Weight: Armed?					
	Booking #:	Secondary Charge Code: Criminal Histor										
	EMT in attendance? YE		Unit	Phone #:								
	Hospital Admission?				Mental History							
	By Doctor:		Address:				Phone #:					
	Under Influence: YES	NO NO	Substance:					lental Illness				
	ASSESSED AND PROPERTY OF THE PARTY OF THE PA		□ Audiotopo			Photos of Injurie	ADI	MITS HEARING				
	Date: Time): 	Audiotape:	Video	cape:		es: L ANI	pects Involved				
	SH-R-438P (Rev. 07/08)					<u> </u>	Auditional Sus	hecre involved				

Surrvisor's Report on Use of Fare 5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6 Page 4 of 4

Method

ſΑVΛ	Arwen	(FH)	Firearm (Handgun)		Personal Weapon (Other)
	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)		Firearm (Shotgun)		Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)		Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang		Restraint Device: Hobbie (Legs Only)
	Carotid Restraint		Flashlight		Restraint Device: Hobble (TARP)
	Choke Hold	(OÉ)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(Π)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)		Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical		Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
			Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
	Chemical Agents (Tear Gas)		Personal Weapon (Hand/Arm)		Taser
(TG)			Personal Weapon (Push)	,	Uncooperative
(EX)	Explosives	40.0) Croonal Weapon (Labry	1-0)	

(AB) (BR) (BU) (CP)	of Injury Abrasion Bruise Burn Complaint of Pain Concussion	(DB) Dog Bite (FR) Fractures (GS) Gunshot (HB) Human Bite (LC) Lacerations	(PA) (PW) (SD) (ST) (UN)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious		y Part Inj Abdomer Ankle Arm Back Buttocks	n (FA) (FE) (FI) (GE)	Feet (I Fingers (I Genitals (I	H) N) ⟨N) (E) VK)	Hip Internal Knees Leg Neck
	Death Dislocation	(ND) Nerve Damage (OD) Organ Damage		Refused Med Treatment NONE	(CH) (EL)	Chest Elbow		Head (VO) SH) WR)	Nose Shoulder Wrist
Г	FORCE	USED BY		FORCE USED AGA	INST		Method	Type of	Bo	dv Part

FORCE USED BY		FORCE USED AGAIN	Method	Type of Injury	Body Part (Code)		
Name	E# or S#	Name	E# or S#		Injury (Code)	(Code)	
Bell	S	Morejon, Rathbun	E#1,E#2	UC, RS			
Morejon	E#1	Bell	S	PH, PP, RH	FR	FA	
Rathbun	E#2	Bell	S	TD, PP, PH, OC, RH	SD_	FA	
			<u> </u>				
			<u> </u>				
			ļ <u> </u>				
	<u> </u>						
			 				
	 	· · · · · · · · · · · · · · · · · · ·				!	
	 	<u> </u>			<u> </u>		
	 					-	
	 					 	
	-					_	

			-				
						<u> </u>	
						1	
						<u> </u>	